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Thomas A. Beck Esq. 6136 West Kimberly Way Glendale, AZ 85308					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			ſ				·-····		(Depositor's name)	
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/675,139 09/30/2003		Russell A. Budo		92/97/2000 AU		NIOURASO SORORE	SUBACO 0000000 5721			
TITLE OF INVENTION	: SILICON BASED OP	TICAL VIAS			8C/8//C	1 880:	AMONDAF2 0000003	9 500510	10675139	
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JΕ	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	Ľ	ATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	0	4/10/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
LOUIE, WAI SING		2814	257-774000							
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PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSICE	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE OWAL BUSIA	A TO BE PRINTED ON The ified below, no assignee of this form is NOT this form is NOT the SS MACE categories (will not be presented the state of the	data will appear on the F a substitute for filing (B) RESIDENCE: (CI	e par an a TY:	tent. If an assignersignment. and STATE OR CO	DUNT	RY) KMONIC, A) {		
		categories (will not be pr	inted on the patent):		Individual Cor	poration	on or other private gro	up entity	Government	
4a. The following fee(s) are submitted: State State State State 4a. The following fee(s) are submitted: 4b. State State State 4c. Advance State State State 4c. Advance State State State 4c. Advance State State State State 4c. Advance State State State State 4c. Advance State State State State State State 4c. Advance State Stat			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0510 (enclose an extra copy of this form).							
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu	,	☐ b. Applicant is no l	onge	er claiming SMALI	L ENT	ITY status. See 37 CI	R 1.27(g)	(2).	
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Authorized Signature	777.	<i>î</i> 1 1			Date Qa	nu	any 15, 20	Ò&		
Typed or printed name	/ THEMAS			Registration No	. <i>5</i>	20,816				
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